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| PATENT APPLICATION FEE DETERMINATION RECORD<br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                           |       |                                             |                  | Application or Docket Number<br><b>10/605505</b> |                        |                               |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|--------------------------------------------------|------------------------|-------------------------------|------------------------|
| <b>CLAIMS AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |       |                                             |                  |                                                  |                        |                               |                        |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | (Column 2)                                |       | SMALL ENTITY                                |                  | OR<br>OTHER THAN SMALL ENTITY                    |                        |                               |                        |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                            | NUMBER FILED                                                    | NUMBER EXTRA                              |       | RATE                                        | FEE              | RATE                                             | FEE                    |                               |                        |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                           |       |                                             | \$ _____         |                                                  | \$ _____               |                               |                        |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                               | minus 20 =                                                      |                                           | *     | X \$ _____ =                                |                  | X \$ _____ =                                     |                        |                               |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                         | minus 3 =                                                       |                                           | *     | X \$ _____ =                                |                  | X \$ _____ =                                     |                        |                               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                           |       | + \$ _____ =                                |                  | + \$ _____ =                                     |                        |                               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |       | TOTAL                                       |                  | TOTAL                                            |                        |                               |                        |
| <p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                           |       |                                             |                  |                                                  |                        |                               |                        |
| <b>CLAIMS AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                           |       |                                             |                  |                                                  |                        |                               |                        |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 | (Column 2)                                |       | (Column 3)                                  |                  | SMALL ENTITY                                     |                        | OR<br>OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                                             | ADDI-<br>TIONAL<br>FEE | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       | * <b>36</b>                               | Minus | ** <b>40</b>                                | =                | X \$ _____ =                                     |                        | X \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | * <b>5</b>                                | Minus | *** <b>4</b>                                | =                | X \$ _____ =                                     |                        | X \$ <b>200</b> =             | <b>200</b>             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |       |                                             |                  | + \$ _____ =                                     |                        | + \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |       |                                             |                  | TOTAL<br>ADD'L FEE                               |                        | TOTAL<br>ADD'L FEE            |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                                             | ADDI-<br>TIONAL<br>FEE | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       | *                                         | Minus | **                                          | =                | X \$ _____ =                                     |                        | X \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | *                                         | Minus | ***                                         | =                | X \$ _____ =                                     |                        | X \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |       |                                             |                  | + \$ _____ =                                     |                        | + \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |       |                                             |                  | TOTAL<br>ADD'L FEE                               |                        | TOTAL<br>ADD'L FEE            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                                             | ADDI-<br>TIONAL<br>FEE | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Total<br>(37 CFR 1.16(c))                                       | *                                         | Minus | **                                          | =                | X \$ _____ =                                     |                        | X \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent<br>(37 CFR 1.16(b))                                 | *                                         | Minus | ***                                         | =                | X \$ _____ =                                     |                        | X \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |       |                                             |                  | + \$ _____ =                                     |                        | + \$ _____ =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                           |       |                                             |                  | TOTAL<br>ADD'L FEE                               |                        | TOTAL<br>ADD'L FEE            |                        |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br/> ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br/> *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br/> The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                                                 |                                           |       |                                             |                  |                                                  |                        |                               |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.